

RFP # 2015-EVVM-01**Electronic Visit Verification and Monitoring System****Round 1****Proposer Questions and Agency Answers****March 15, 2016**

Question ID:	1
Date Question Asked:	2/26/2016
Question:	<p>#9 states: <i>“Prepare to sign and return the Contract, Contract Review Report, Business Associate Agreement and other documents to expedite the contract approval process. The selected vendor’s contract will have to be reviewed by Medicaid’s Contract Review Committee which has strict deadlines for document submission. Failure to submit the signed contract can delay the project start date but will not affect the deliverable date.”</i></p> <p>Appendix B, Contract and Attachments, Page 29 states: <i>“The following are the documents that must be signed AFTER contract award and prior to the meeting of the Legislative Contract Oversight Committee Meeting.”</i></p> <p>The checklist indicates additional documents (i.e. Item 4, disclosure statement, Item 8, Contract, etc.) need to be returned with the proposal submission. Yet, Appendix B indicates that these documents are to be signed after award.</p> <p>Please confirm that the Contract, Contract Review Report, Business Associate Agreement, Financial disclosure statement, and other documents do not need to be signed and returned as part of this submission.</p>
Section Number:	A
RFP Page Number:	2
Medicaid Answer:	The selected Vendor must provide the documents in Appendix B after contract award and prior to the meeting of the Legislative Contract Oversight Committee Meeting.

Question ID:	2
Date Question Asked:	2/26/2016
Question:	<p>Requirement f., states: <i>“Document the resources and capability for completing the work necessary to implement the new EVVM system. The Vendor proposal must include a chart outlining the proposed tasks needed to complete the implementation within 30 days of Contract Award as well as outline follow-up and routine reporting deliverables and staff needed to complete the proposed tasks.”</i></p> <p>Does this mean we need to submit the chart within 30 days of being awarded, or does it mean we have to submit a chart now that shows we can launch in 30 days of contract award?</p> <p>Please clarify what specifically needs to be complete within 30 days of Contract Award (10/1/16 per Section B. Schedule of Events on page 3).</p>
Section Number:	VI
RFP Page Number:	16
Medicaid Answer:	Refer to Amendment I posted 3/15/2016 on the Medicaid Website.
Question ID:	3
Date Question Asked:	2/26/2016
Question:	<p>Please clarify the timeline:</p> <ol style="list-style-type: none"> Is the Evaluation Period the timeframe where demonstrations / onsite presentations will be held? Please confirm that the period between Vendor Selection Announcement (5/17/16) and Contract Review Committee (9/1/16) is the period for contract negotiations. There is a 30 day period between Contract Review Committee and Official Contract Award/Begin Work, although the statement underneath the schedule table indicates this period could be up to 45 days. Should the vendor expect to begin work on 10/1/16? Does the Begin Work date of 10/1/16 indicate the start of the implementation? What is the expected go-live date for the system?
Section Number:	B
RFP Page Number:	3
Medicaid Answer:	<ol style="list-style-type: none"> Medicaid does not anticipate demonstrations/onsite presentations with this RFP. No. Medicaid will not conduct contract negotiations. This timeframe is for CMS review before final award. Refer to Amendment I posted 3/15/2016 on the Medicaid Website. Refer to Amendment I posted 3/15/2016 on the Medicaid Website. The selected Vendor will work with Medicaid to establish an agreed upon go-live date for the system.

Question ID:	4
Date Question Asked:	2/26/2016
Question:	<p>a) Please clarify if self-directed recipients will be included in the EVVM program.</p> <p>b) If yes, please break out EVVM membership by those recipients who are self-directed and non-self-directed.</p> <p>c) If yes, please break out the providers by agency and self-directed.</p> <p>d) Please clarify which waivers are included in the EVVM program.</p> <p>e) Please clarify if a recipient can be a member of more than one waiver or more than one Program simultaneously.</p> <p>f) Is the membership number (14,500) FFS only or does it also include Managed Care?</p> <p>g) Is the provider number (175) FFS only or does it also include Managed Care?</p>
Section Number:	I
RFP Page Number:	6
Medicaid Answer:	<p>PROGRAM</p> <p>a) Self-directed recipients will not be included in the EVVM Program.</p> <p>b) Not applicable</p> <p>c) Not applicable</p> <p>d) Refer to the waiver matrix document posted 3/15/2016 on the Medicaid Website.</p> <p>e) A recipient cannot be a member of more than one Waiver or Program simultaneously.</p> <p>f) The 14,500 FFS members only number does not include Managed Care.</p> <p>g) The 175 FFS providers only number does not include Managed Care.</p>
Question ID:	5
Date Question Asked:	2/26/2016
Question:	<p>The 1st bullet states: <i>“Tracking, verifying, recording, and reconciling the real time, electronic entry of start and end times of Personal Assistant and Homemaker Providers”</i></p> <p>What is meant by reconciling?</p>
Section Number:	I
RFP Page Number:	6
Medicaid Answer:	Reconciling means having the capability to correct and or modify entry errors.

Question ID:	6
Date Question Asked:	2/26/2016
Question:	<p>The 3rd bullet states: <i>“Verifying the presence of the Provider at the client’s location providing service as noted in the service plan”</i></p> <p>a) Does the service plan specify the location of service or is this the client’s primary address? b) Can there be multiple service locations in the service plan?</p>
Section Number:	I
RFP Page Number:	6
Medicaid Answer:	<p>a. Yes, the service plan specifies the service location. b. Yes.</p>
Question ID:	7
Date Question Asked:	2/26/2016
Question:	<p>The 4th bullet states: <i>“Preventing Providers from electronically starting a work shift if:</i></p> <p><i>o the Provider is not an approved vendor;</i> <i>o there are no hours left in the monthly service plan</i> <i>o the Provider is not approved for that client; or</i> <i>o the Provider is not physically present at the client location”</i></p> <p>a) What defines a provider as an ‘approved vendor’? b) Are all services authorized at a monthly level? If no, please provide detail on how they are authorized. c) Are providers approved at the agency level or at the direct service worker level? d) Is client location provided as part of the service plan?</p>
Section Number:	II
RFP Page Number:	6
Medicaid Answer:	<p>a) An approved vendor has all required certifications and an executed contract with Operating Agency to perform the services required. b) No, services may be authorized as described in recipient’s care plan. c) Providers are approved at the Operating Agency level. d) Yes.</p>

Question ID:	8
Date Question Asked:	2/26/2016
Question:	<p>Requirement 2. States: <i>“The system must provide real time jurisdictional views for Medicaid, other state agencies, and Area Agencies on Aging.”</i></p> <p>What are the requirements for the jurisdictional views for the Area Agencies on Aging?</p>
Section Number:	III
RFP Page Number:	7
Medicaid Answer:	As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement.
Question ID:	9
Date Question Asked:	2/26/2016
Question:	<p>Requirement 2. Role-Based Access states: <i>“The system must have the capability to limit providers’ authority to modify service entries or input manual service entries based on program rules which may vary between programs. This must include limiting the number or percentage of manual service entries a provider is allowed to enter.”</i></p> <p>a) Please provide the specific rules around this requirement. b) Please provide an example of the limits requested. c) Is the number or percentage based on a single visit or all visits over a period of time? d) If the provider reaches the limit, what happens to their ability to bill for services? e) Is there a requirement for an override process?</p>
Section Number:	IV
RFP Page Number:	7 and 8
Medicaid Answer:	<p>a) As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement. b) As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement. c) It can be either (1) a single visit or (2) over a period of time. d) The provider’s ability to bill for services is temporarily suspended. e) Refer to Amendment I posted 3/15/2016 on the Medicaid Website.</p>

Question ID:	10
Date Question Asked:	2/26/2016
Question:	<p>The second paragraph at the top of this page states: <i>“Allow for only certain providers to enter service tasks, based on program needs and rules. Certain programs may require service tasks to be entered in the EVVM system for only certain provider types, whereas others may require providers to document service tasks through the current paper process or other alternative process.”</i></p> <p>a) Please give an example of how such providers are identified. b) Please provide which program(s) requires service task entry. c) Which provider types require this?</p>
Section Number:	II
RFP Page Number:	8
Medicaid Answer:	There is no historical information regarding this requirement. As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement.
Question ID:	11
Date Question Asked:	2/26/2016
Question:	<p>Requirement 3.1 states: <i>“Describe how the Vendor proposes to allow for multiple groups or lists of acceptable service task activities to be billed and/or recorded, based on program needs and rules.”</i></p> <p>a) Please define ‘service tasks’. b) Please provide the list of acceptable service tasks and the rules for each program. c) Please clarify if DHS expects providers to bill for “tasks” (i.e., Bathing) in addition to “services” (i.e., S5130: Homemaker Service)</p>
Section Number:	II
RFP Page Number:	8
Medicaid Answer:	<p>a) Service tasks are the service activities being provided to the recipient during the visit. b) Refer to the Waiver Matrix document for services approved by each Waiver Program posted 3/15/2016 on the Medicaid Website c) DHS is not affiliated with this Procurement. As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement.</p>

Question ID:	12
Date Question Asked:	2/26/2016
Question:	<p>Requirement 3.2 states: “Describe how the Vendor proposes to provide the capability for direct service/in-home workers to denote the recipient’s status or need for other assistance in the EVVM system and to require such notation where necessary based on program needs and rules.”</p> <p>a. Will the types of status/needs differ by program? b. Please list all the entities that will need to receive status information.</p>
Section Number:	II
RFP Page Number:	8
Medicaid Answer:	<p>a) No, recipient status is not dependent on the program. b) Entities include the Direct Service Provider and any entity identified by Medicaid.</p>
Question ID:	13
Date Question Asked:	2/26/2016
Question:	<p>Requirement 3.3 states: “Describe how the Vendor proposes to permit the fiscal/employer agent to load various rates of pay for individual direct service workers.”</p> <p>a) Please define ‘rates of pay’. I.e. Is this for billing or payroll?</p>
Section Number:	II
RFP Page Number:	8
Medicaid Answer:	a) Rate of pay is for payroll.
Question ID:	14
Date Question Asked:	2/26/2016
Question:	<p>Requirement 3.4 states: “Describe how the Vendor proposes to permit certain other providers to bypass entering a worker schedule, based on program-specific rules. Certain programs/services may require providers to enter workers’ schedule, whereas other program/services may not require such.”</p> <p>a) Please provide the rules that distinguish which providers can bypass a schedule.</p>
Section Number:	III
RFP Page Number:	8
Medicaid Answer:	a) Providers that have supervisory authority for workers may bypass a schedule.

Question ID:	15
Date Question Asked:	2/26/2016
Question:	Requirement 3.5 states: <i>“Describe how the Vendor proposes to handle multiple procedure codes, modifiers, and rates.”</i> Please provide a list of procedure codes, modifiers and rates.
Section Number:	II
RFP Page Number:	8
Medicaid Answer:	See the Home and Community Based Waiver Service Utilization document posted 3/15/2016 on the Medicaid Website.
Question ID:	16
Date Question Asked:	2/26/2016
Question:	Requirement 3.9 states: <i>“Describe how the Vendor proposes to handle automatic loading of provider and recipient files.”</i> a) Please detail all possible sources and frequency of provider and recipient files. b) Please detail all the possible sources and frequency of authorizations. c) Please provide a file specification for the electronic authorization file.
Section Number:	II
RFP Page Number:	8
Medicaid Answer:	a) The provider and recipient files will come from the State’s Fiscal Agent, and the frequency will be based on the Vendor’s needs. b) Fiscal Agent and the frequency will be based on the Vendor needs. c) All HIPAA Standard Transaction formats are specified in the Medicaid’s HIPAA Companion Guide for 5010. http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.3X_Vendor_Companion_Guide.aspx

Question ID:	17
Date Question Asked:	2/26/2016
Question:	<p>The first paragraph states: <i>“The system must allow for review/approval of time by the client or a client designee.”</i></p> <p>a) Please clarify if this requirement is for all recipients/clients or just self-directed clients.</p>
Section Number:	II
RFP Page Number:	9
Medicaid Answer:	a) Self-directed recipients will not be included in the EVVM Program.
Question ID:	18
Date Question Asked:	2/26/2016
Question:	<p>This requirement states: <i>“The system must provide real-time multi-level escalating alerts of pending late and missed visits to the provider, support coordination agency, and other entities as determined by Medicaid.”</i></p> <p>a) Please provide the rules and the hierarchy for the multi-level escalating alerts. b) Please provide an example.</p>
Section Number:	II
RFP Page Number:	9
Medicaid Answer:	<p>a) As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement.</p> <p>b) When a service provider is late or has missed a scheduled visit, the provider agency is alerted.</p>

Question ID:	19
Date Question Asked:	2/26/2016
Question:	<p>Requirement 6.3 states: “Describe how the Vendor proposes to provide reports on claims filed and unbilled encounters including activity by recipient, agency, support coordination agency, managed care organization, and direct service worker.”</p> <p>a) Please clarify if Managed Care Organizations will require a Jurisdictional View. b) Is DHS the sole contracting agent for this procurement, or will MCOs also be required to contract with the awarded vendor? c) Will the MCOs be sending data for recipients, providers, service plans? d) Will the system need to submit claims to the MCOs for adjudication? e) How many MCOs are there? f) Please detail the programs and services that are or will be covered by the MCOs.</p>
Section Number:	II
RFP Page Number:	10
Medicaid Answer:	<p>a) No. b) No, Medicaid is the sole contracting agency. c) No. d) No. e) Not Applicable. f) None.</p>
Question ID:	20
Date Question Asked:	2/26/2016
Question:	<p>Requirement 6.3 states: “Describe how the Vendor proposes to provide reports on claims filed and unbilled encounters including activity by recipient, agency, support coordination agency, managed care organization, and direct service worker.”</p> <p>a) Please clarify if Support Coordination Agencies will require a Jurisdictional View.</p>
Section Number:	III
RFP Page Number:	10
Medicaid Answer:	Yes.

Question ID:	21
Date Question Asked:	2/26/2016
Question:	<p>Requirement 6.4 states: “Describe how the Vendor proposes to provide Claims/Authorizations/Services reconciliation reports.”</p> <p>a) Please define the specific reconciliation steps expected of the Vendor.</p> <p>b) Please clarify whether adjudication information for these reporting requirements can be satisfied by using the Monthly Claims Extract, as described in AMMIS Interface Standards Document (version 1.4)?</p> <p>c) If the monthly claims extract will not be sufficient to satisfy the reporting needs for claim adjudications, please clarify what other information sources would be required.</p> <p>d) Please provide data element specifics and associated reconciliation requirements.</p>
Section Number:	II
RFP Page Number:	10
Medicaid Answer:	<p>a) There are no historical reconciliation steps. As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement.</p> <p>b) Yes, it can be satisfied by using the Monthly Claims Extract.</p> <p>c) Yes, it can be satisfied by using the Monthly Claims Extract.</p> <p>d) The data elements are to include but not limited to date of service, units billed, procedure code, and modifiers. There are no historical reconciliation requirements. As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement.</p>

Question ID:	22
Date Question Asked:	2/26/2016
Question:	<p>Regarding Requirement s 6.3 and 6.4.</p> <p>Please provide more detail on what is required for reconciliation. For example,</p> <p>a) Does it include return of 999 or 277 information?</p> <p>b) What reporting elements are considered required for reporting on 837 claims submission, 999/277 rejection advice, 835 remittance advice?</p>
Section Number:	V
RFP Page Number:	10
Medicaid Answer:	<p>a) The returns include TA1, 999, and 277U.</p> <p>b) All HIPAA Standard Transaction formats are specified in Medicaid's HIPAA Companion Guide for 5010.</p> <p>http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.3X_Vendor_Companion_Guide.aspx</p>
Question ID:	23
Date Question Asked:	2/26/2016
Question:	<p>For Requirements 6.1-6.5 will the Vendor's EVVM system be the sole source for authorization and Service and visit information for these reports?</p> <p>If the Vendor's EVVM system will not be the sole source, please specify the source of this data for each report.</p>
Section Number:	II
RFP Page Number:	9-10
Medicaid Answer:	Yes, the selected Vendor's EVVM system will be the sole source.
Question ID:	24
Date Question Asked:	2/26/2016
Question:	Pricing information appears on both the Cover Sheet and in Section III or the response. Please confirm that pricing does not need to be submitted in a separate sealed envelope from the technical response.
Section Number:	II
RFP Page Number:	14
Medicaid Answer:	The Vendor's Pricing information does not need to be submitted in a separate sealed envelope.

Question ID:	25
Date Question Asked:	2/26/2016
Question:	<p>Section M. Requirement for Response Structure states: <i>“The Vendor must structure its response in the same sequence, using the same labeling and numbering that appears in the RFP Section in question.”</i></p> <p>Please confirm vendors are expected to provide responses to Sections II. Scope of Work, III. Pricing, V. General, and Section VI. Corporate Background and References and that all other sections do not require a response.</p>
Section Number:	
RFP Page Number:	18
Medicaid Answer:	The RFP defines the requirements needed for a submission to be deemed responsive. It is the Vendor’s responsibility to identify the areas requiring response.
Question ID:	26
Date Question Asked:	2/26/2016
Question:	<p>#4 states: <i>“The Proposal is a complete and independent document, with no references to external documents or resources.”</i></p> <p>Please confirm it is acceptable for vendors to provide supplemental attachments in the same binder as the proposal for additional information/clarity.</p>
Section Number:	Attachment A
RFP Page Number:	28
Medicaid Answer:	All necessary Vendor documents and information must be provided as part of the submitted proposal.

Question ID:	27
Date Question Asked:	2/26/2016
Question:	<p>Pricing Schedule C shows 1,400,000 transactions for YR1 (assumes 6 months of operations per Pricing Schedule B). YR2 and beyond shows 5,700,000 transactions.</p> <p>a) Please define “transaction”.</p> <p>b) Please explain the difference in transaction volume between Y1 and Y2.</p> <p>c) What is the assumed monthly visit volume per recipient?</p>
Section Number:	Appendix C
RFP Page Number:	44
Medicaid Answer:	<p>a) A transaction is defined as (a) any telephony call into the EVVM system or (b) the recording by the EVVM system of any of the following (i) the start of a visit, (ii) the end of a visit, (iii) the duration of a visit, (iv) a service performed during a visit, or (v) corrections to any data in the EVVM system.</p> <p>b) Transaction volume differs to account for implementation and training time.</p> <p>c) The estimated monthly visit volume is an average of 33 transactions per recipient.</p>
Question ID:	28
Date Question Asked:	2/26/2016
Question:	<p>Pricing Schedule b shows Fixed Operational costs for YR1 assumes 6 months of operation.</p> <p>Please clarify that the implementation timeframe is 6 months.</p>
Section Number:	Appendix 6
RFP Page Number:	44
Medicaid Answer:	The implementation timeframe is 6 months after contract start.
Question ID:	29
Date Question Asked:	2/26/2016
Question:	Please clarify what line item in which pricing schedule should contain the cost for post-turnover services.
Section Number:	Appendix C
RFP Page Number:	44
Medicaid Answer:	The Vendor may identify and include this charge on the Appendix C - Pricing Form where it best fits their pricing structure.

Question ID:	30
Date Question Asked:	2/26/2016
Question:	<p>The second paragraph of this section states <i>“A question received less than two full business days prior to the deadline may not be acknowledged.”</i></p> <p>Please clarify that as long as the second round of bidders’ questions is received by the Project Director by March 16, they will be answered by March 30th.</p>
Section Number:	STAARS Document
RFP Page Number:	3
Medicaid Answer:	The Vendor should use the dates in Section B – Schedule of Events. Refer to Amendment I posted 03/15/2016 on the Medicaid Website.
Question ID:	31
Date Question Asked:	2/26/2016
Question:	<p>This section states <i>“Cost of electronic legal research, cellular phone service, fax machines, long-distance telephone tolls, courier, food or beverage are not reimbursable expenses without prior authorization, which will not be granted in the absence of compelling facts that demonstrate a negative effect on the issuance of the bonds, if not authorized.”</i></p> <p>Please confirm that customary, necessary food and beverage expenses incurred during the delivery of contracted services will be paid by Medicaid.</p>
Section Number:	STAARS Document
RFP Page Number:	3
Medicaid Answer:	These expenses will not be paid by Medicaid.
Question ID:	32
Date Question Asked:	2/26/2016
Question:	<p>The second paragraph of this section states <i>“Necessary lodging expenses will be paid on the same per-diem basis as state employees are paid.”</i></p> <p>Please provide the state employee per-diem lodging amount.</p>
Section Number:	STAARS Document
RFP Page Number:	3
Medicaid Answer:	These expenses will not be paid by Medicaid.

Question ID:	33
Date Question Asked:	2/26/2016
Question:	Where should the Disclosure Statement be included in the proposal?
Section Number:	Solicitation Overview
RFP Page Number:	3
Medicaid Answer:	The selected Vendor must provide the documents in Appendix B after contract award at a date specified by Medicaid.
Question ID:	34
Date Question Asked:	2/26/2016
Question:	How many visits per week, on average, do the 14,500 individuals will be using EVVM receive?
Section Number:	I
RFP Page Number:	6
Medicaid Answer:	It varies depending on the individual recipient's care plan. Visits can range from two to twelve visits per week.
Question ID:	35
Date Question Asked:	2/26/2016
Question:	Does the State have predetermined standards or business rules when it comes to limiting the percentage or number of manual edits that a provider would be allowed?
Section Number:	2
RFP Page Number:	7
Medicaid Answer:	No.
Question ID:	36
Date Question Asked:	2/26/2016
Question:	Item b.7 states that audited financial statements must be included in the proposal. Would the Agency allow these statements to be provided on a CD instead of hard copies?
Section Number:	VI
RFP Page Number:	15
Medicaid Answer:	Yes.
Question ID:	37
Date Question Asked:	2/26/2016
Question:	Please confirm that if no confidential or proprietary information is being included in the proposal, only one (1) CD is required.
Section Number:	O
RFP Page Number:	19
Medicaid Answer:	Refer to Section VII – Submission Requirements of the RFP for submission requirements for confidential information.

Question ID:	38
Date Question Asked:	2/26/2016
Question:	This question is directed to HP, regarding the data the EVVM system will receive: can we specify a “where” clause for our extracts so they are limited to relevant data under HIPAA? Or do we have to accept a full dump of all Medicaid for the State and extract what we need?
Section Number:	General
RFP Page Number:	
Medicaid Answer:	Where possible, Medicaid will provide standard extract to all vendors requiring an extract. However, Medicaid will work with the selected Vendor to determine their extract needs and whether limited data meets the selected Vendor’s needs.
Question ID:	39
Date Question Asked:	2/26/2016
Question:	Regarding provider set up/enrollment: does the State assign Medicaid IDs to their providers by location, by specialty, or both?
Section Number:	General
RFP Page Number:	
Medicaid Answer:	Medicaid provider IDs are computer generated and randomly assigned as applications are approved.
Question ID:	40
Date Question Asked:	2/26/2016
Question:	Where do Plan of Care Authorizations come from? (They are not listed in the extracts from HP.)
Section Number:	General
RFP Page Number:	
Medicaid Answer:	Plan of Care Authorizations will be provided to the Vendor by Medicaid or service provider agency.
Question ID:	41
Date Question Asked:	2/26/2016
Question:	Can the State provide documents or links to documents for the 837P and 835 EDI guides?
Section Number:	General
RFP Page Number:	
Medicaid Answer:	All HIPAA Standard Transaction formats are specified in the Medicaid’s HIPAA Companion Guide for 5010. http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.3X_Vendor_Companion_Guide.aspx

Question ID:	42
Date Question Asked:	2/26/2016
Question:	Can the State provide information on obtaining a submitter ID (for claims billing out of the EVVM system
Section Number:	General
RFP Page Number:	
Medicaid Answer:	Medicaid does not assign submitter IDs.
Question ID:	43
Date Question Asked:	2/26/2016
Question:	What other programs, if any, does the State anticipate adding to the contract resulting from this RFP?
Section Number:	General
RFP Page Number:	
Medicaid Answer:	Medicaid does not anticipate adding other programs.
Question ID:	44
Date Question Asked:	2/26/2016
Question:	Can vendors submit a transmittal letter and/or an executive summary to ensure the State receive an overview of the solution proposed?
Section Number:	General
RFP Page Number:	
Medicaid Answer:	Yes.
Question ID:	45
Date Question Asked:	2/26/2016
Question:	Will contract negotiations be held following notification of award for this deal?
Section Number:	General
RFP Page Number:	
Medicaid Answer:	Medicaid will not conduct contract negotiations.

Question ID:	46
Date Question Asked:	2/26/2016
Question:	<p>RFP Section I. Background states “The total firm and fixed price from Attachment E must be entered on the RFP Coversheet.” However, RFP Section III. Pricing states “The Firm and Fixed Price of the first year of the proposed contract (implementation phase) and subsequent years (updating/operation phase) must be separately stated in the RFP Cover Sheet on the first page of this document as well as the pricing form (Appendix C).” and RFP Section VII.L states “Vendors must respond to this RFP by utilizing the RFP Cover Sheet to indicate the firm and fixed price for the implementation and updating/operation phase to complete the scope of work.”</p> <p>Please confirm that there are two numbers that should be included in this box (a total Implementation Cost from Schedule A of Appendix C: Pricing Form and a total Operational Cost from Schedule B of Appendix C: Pricing Form).</p> <p>If this is incorrect, please clarify what pricing numbers are expected to appear on the Cover Sheet.</p>
Section Number:	RFP Cover Sheet
RFP Page Number:	1
Medicaid Answer:	Refer to Amendment I posted 03/15/2016 on the Medicaid Website.
Question ID:	47
Date Question Asked:	2/26/2016
Question:	<p>Item #4 in the RFP Checklist mentions a disclosure statement as an example of the forms that should be used.</p> <p>Please confirm that the Disclosure Statement referenced was only an example, and because it is part of the Contract (Appendix B), does not need to be submitted with the proposal.</p>
Section Number:	A
RFP Page Number:	2
Medicaid Answer:	Yes.

Question ID:	48
Date Question Asked:	2/26/2016
Question:	<p>Would the State consider extending the due date for this proposal to ensure that vendors can include or make adjustments to their proposals after reviewing the answers received on 3/30/2016?</p> <p>Taking into consideration that most vendors will have to ship the proposal to the State, the schedule only allows two to three calendar days for any necessary adjustments.</p>
Section Number:	B
RFP Page Number:	3
Medicaid Answer:	Refer to Amendment I posted 03/15/2016 on the Medicaid Website.
Question ID:	49
Date Question Asked:	2/26/2016
Question:	<p>The schedule shows there is only one day between answers to questions received by the State for round one and the submittal of round two questions by vendors.</p> <p>Would the State consider extending the due date for round two questions for a few more days to allow vendors to thoroughly review the answers from round one so they can include all necessary clarifying questions in round two?</p>
Section Number:	B
RFP Page Number:	3
Medicaid Answer:	Refer to Amendment I posted 03/15/2016 on the Medicaid Website.
Question ID:	50
Date Question Asked:	2/26/2016
Question:	This section refers to Attachment E. Should this reference be to Appendix C: Pricing Form?
Section Number:	I
RFP Page Number:	6
Medicaid Answer:	Refer to Amendment I posted 03/15/2016 on the Medicaid Website.
Question ID:	51
Date Question Asked:	2/26/2016
Question:	How are payments distributed to the Agency service providers (weekly, bi-weekly, monthly, etc.) and what is the average payment amount?
Section Number:	I
RFP Page Number:	6
Medicaid Answer:	Service provider agencies receive payments at least monthly from the Operating Agency. Medicaid does not have information on payment amounts received by service provider agencies.

Question ID:	52
Date Question Asked:	2/26/2016
Question:	Are there any required certifications or independent audits for the standards mentioned?
Section Number:	II
RFP Page Number:	6
Medicaid Answer:	No.
Question ID:	53
Date Question Asked:	2/26/2016
Question:	How is it determined which providers require a paper or other alternative process for task entry or documentation of service tasks? Could a provider have a mixed (paper/online) process for a single client?
Section Number:	II.3
RFP Page Number:	8
Medicaid Answer:	It has not been determined which providers will require a paper or alternative process. Yes, a provider may have a mixed process for a client.
Question ID:	54
Date Question Asked:	2/26/2016
Question:	Is the pay rate at the service provider or worker level?
Section Number:	II.3.3
RFP Page Number:	8
Medicaid Answer:	Pay rate is at the worker level.
Question ID:	55
Date Question Asked:	2/26/2016
Question:	If a provider is required to document service tasks through the paper process or other alternative process, are these tasks ever recorded in the EVVM system?
Section Number:	II.3
RFP Page Number:	8
Medicaid Answer:	If needed at a future date, the expectation is that these tasks would have the option to be uploaded.

Question ID:	56
Date Question Asked:	2/26/2013
Question:	<p>Does the State intend for the successful EVVM contractor to accept files only from the State Medicaid Agency or is the new EVVM contractor expected to receive files from managed care providers?</p> <p>If contractors are expected to receive files from multiple sources, would the State confirm that all sources will use the same file format?</p>
Section Number:	II.3.9
RFP Page Number:	8
Medicaid Answer:	The Vendor will receive files only from Medicaid.
Question ID:	57
Date Question Asked:	2/26/2016
Question:	<p>Would the State confirm that the Claims/Authorization/Services reconciliation report is an individual provider reconciliation report?</p> <p>If not, please provide additional details of the reports they are expecting to receive.</p>
Section Number:	II.6.4
RFP Page Number:	10
Medicaid Answer:	Yes, it is an individual provider reconciliation report.
Question ID:	58
Date Question Asked:	2/26/2016
Question:	<p>Is the contractor responsible for calculating payment, based on the services rules, and sending files to the fiscal agent which will actually issue the provider payment? As such the contractor system would become the system of record.</p> <p>If this is not the State's intent, please provide clarification on the contractor's responsibilities for determining payment for the fiscal agent.</p>
Section Number:	II.7.2
RFP Page Number:	10
Medicaid Answer:	The contractor is not responsible for calculating payments.

Question ID:	59
Date Question Asked:	2/26/2016
Question:	Sections II.11.1 and II.11.5 seem to be very similar requirements. Should II.11.5 be deleted? If not, please clarify the expectations for each requirement and how they differ.
Section Number:	II.11.1, II.11.5
RFP Page Number:	13
Medicaid Answer:	Refer to Amendment I posted 03/15/2016 on the Medicaid Website.
Question ID:	60
Date Question Asked:	2/26/2016
Question:	This requirement refers to number of employees and resources . Please clarify what would be considered resources for this requirement.
Section Number:	VI.b.3
RFP Page Number:	15
Medicaid Answer:	Contractors and Sub-Contractors would be considered resources for this requirement.
Question ID:	61
Date Question Asked:	2/26/2016
Question:	Given the length of our audited financial statements, can vendors provide these documents in electronic format only?
Section Number:	VI
RFP Page Number:	15
Medicaid Answer:	Yes.
Question ID:	62
Date Question Asked:	2/26/16
Question:	This section details how vendors should structure their response. Since some of the sections in the RFP are for informational purposes only, please clarify which sections vendors must respond to in their proposals. Sections II, III, V (which really is responding to Section II) and VI appear to be the only sections that need a response from vendors.
Section Number:	VII.M
RFP Page Number:	18
Medicaid Answer:	The RFP defines the requirements needed for a submission to be deemed responsive. It is the Vendor's responsibility to identify the areas requiring response.

Question ID:	63
Date Question Asked:	2/26/2016
Question:	Is it permissible for vendors to submit documents not available in Microsoft Word format in Adobe PDF format only (e.g., project plans, audited financial statements, insurance documentation, signed forms, etc.)?
Section Number:	VII.O
RFP Page Number:	19
Medicaid Answer:	Yes.
Question ID:	64
Date Question Asked:	2/26/2016
Question:	May vendors submit their redacted electronic proposals in PDF format?
Section Number:	VII.O
RFP Page Number:	19
Medicaid Answer:	Yes.
Question ID:	65
Date Question Asked:	2/26/2016
Question:	Please clarify where in vendors' responses for the justification for confidential content should be provided.
Section Number:	VII.Q
RFP Page Number:	19
Medicaid Answer:	The Vendor may include justification for any "Confidential" information with the response where they deem appropriate.
Question ID:	66
Date Question Asked:	2/26/2016
Question:	Proposed Additional Term: Would the State please confirm that the Contractor retains exclusive ownership of all hardware and software tools used to perform the services?
Section Number:	IX
RFP Page Number:	21
Medicaid Answer:	No.
Question ID:	67
Date Question Asked:	2/26/2016
Question:	Proposed Additional Term: Please confirm that the contract resulting from this solicitation will be a "services only" contract, with no expected transfer of vendor hardware or software at the end of the term.
Section Number:	IX
RFP Page Number:	21
Medicaid Answer:	No.

Question ID:	68
Date Question Asked:	2/26/2016
Question:	Proposed Additional Term: Would the State agree to negotiate a reasonable aggregate limitation on Contractor's liability in connection with this program?
Section Number:	IX
RFP Page Number:	21
Medicaid Answer:	No.
Question ID:	69
Date Question Asked:	2/26/2016
Question:	This program requires that Contractor expend significant costs during the implementation phase. Would the State agree to modify this provision such that, in the event of a termination for convenience, Contractor will receive payment for services performed, as well as payment for unamortized (non-billed) start-up costs and reasonable and necessary wind down expenses?
Section Number:	IX.M
RFP Page Number:	23
Medicaid Answer:	Medicaid will not alter Section IX General Terms and Conditions.
Question ID:	70
Date Question Asked:	2/26/2016
Question:	Given the firm fixed price nature of this agreement, would the State please confirm that the cost principles referenced to in this paragraph do not apply to this procurement?
Section Number:	IX.BB
RFP Page Number:	26
Medicaid Answer:	The terms and conditions in Section IX are not amendable and apply to this RFP.
Question ID:	71
Date Question Asked:	2/26/2016
Question:	Please confirm that, as stated in the first paragraph of Appendix B: Contract and Attachments – page 29, that Attachments A through F are required only AFTER contract award and do not need to be included in the vendor's proposal.
Section Number:	Appendix B
RFP Page Number:	29
Medicaid Answer:	The RFP defines the requirements needed for a submission to be deemed responsive. It is the Vendor's responsibility to identify the areas requiring response.

Question ID:	72
Date Question Asked:	2/26/2016
Question:	How many transactions does the Medicaid Agency currently process each month for the 14,500 individuals identified in the RFP?
Section Number:	Appendix C
RFP Page Number:	44
Medicaid Answer:	We have no historical transaction information.
Question ID:	73
Date Question Asked:	2/26/2016
Question:	Please define the Agency's expectation of a transaction in the Pricing Form, Appendix C?
Section Number:	Appendix C
RFP Page Number:	44
Medicaid Answer:	A transaction is defined as (a) any telephony call into the EVVM system or (b) the recording by the EVVM system of any of the following (i) the start of a visit, (ii) the end of a visit, (iii) the duration of a visit, (iv) a service performed during a visit, or (v) corrections to any data in the EVVM system.
Question ID:	74
Date Question Asked:	2/26/2016
Question:	Is a hosted solution required, or should the proposal assume the state will host the environment?
Section Number:	
RFP Page Number:	
Medicaid Answer:	Refer to Amendment I posted 03/15/2016 on the Medicaid Website.
Question ID:	75
Date Question Asked:	2/26/2016
Question:	Can the required 3 years of experience in EVVM be in a system that closely resembles the requirements for EVVM?
Section Number:	
RFP Page Number:	
Medicaid Answer:	Yes.
Question ID:	76
Date Question Asked:	2/26/2016
Question:	What's the total budget for this project?
Section Number:	
RFP Page Number:	
Medicaid Answer:	Medicaid will not release this information.

Question ID:	77
Date Question Asked:	2/26/2016
Question:	Are there data migration requirements?
Section Number:	
RFP Page Number:	
Medicaid Answer:	Yes, refer to the AMMIS document on the Medicaid Website.
Question ID:	78
Date Question Asked:	2/26/2016
Question:	Is the RFP the only document at this time, or are there supporting documents?
Section Number:	
RFP Page Number:	
Medicaid Answer:	All supporting documents are posted on the Medicaid Website.
Question ID:	79
Date Question Asked:	2/26/2016
Question:	Is there a business/technical requirements matrix that should be used in the response?
Section Number:	
RFP Page Number:	
Medicaid Answer:	No.
Question ID:	80
Date Question Asked:	2/26/2016
Question:	Would the state consider extending the due date for the Proposal?
Section Number:	
RFP Page Number:	
Medicaid Answer:	Refer to Amendment I posted 03/15/2016 on the Medicaid Website.
Question ID:	81
Date Question Asked:	2/26/2016
Question:	Does the state or the providers use any evidence based models to manage clients? If so, what are they?
Section Number:	
RFP Page Number:	
Medicaid Answer:	No.

Question ID:	82
Date Question Asked:	2/26/2016
Question:	Does the Agency have a current vendor that provides this scope of work? If yes, please provide vendor name and current contract scope.
Section Number:	II
RFP Page Number:	6
Medicaid Answer:	No.
Question ID:	83
Date Question Asked:	2/26/2016
Question:	What is the current funding available for this service by Fiscal Year?
Section Number:	II
RFP Page Number:	6
Medicaid Answer:	Medicaid will not release this information.
Question ID:	84
Date Question Asked:	2/26/2016
Question:	For instance, support coordination agencies serve recipients across multiple provider agencies and must be able to access information across provider agencies, but only for those individuals that the support coordination agency serves. Are support coordinators assigned specific provider agencies and should the coordinators only be able to see the information of those individuals serviced by those providers?
Section Number:	II
RFP Page Number:	7
Medicaid Answer:	Support coordinators should only be allowed to access their assigned clients despite the provider agency they are assigned.
Question ID:	85
Date Question Asked:	2/26/2016
Question:	The system must provide real time jurisdictional views for Medicaid, other state agencies, and Area Agencies on Aging What information should be part of the jurisdictional views?
Section Number:	II
RFP Page Number:	7
Medicaid Answer:	As part of the Vendor's proposed solution, the Vendor should include the system's capabilities for this requirement.

Question ID:	86
Date Question Asked:	2/26/2016
Question:	<p>2.3Describe how the Vendor proposes to provide role based access controls to limit providers' authority to modify service entries or input manual service entries based on program rules which may vary between programs to include limiting the number or percentage of manual service entries a provider is allowed to enter.</p> <p>What are the specific program rules that will be implemented?</p>
Section Number:	II
RFP Page Number:	7
Medicaid Answer:	There is no historical information regarding specific program rule implementation. As part of the Vendor's proposed solution, the Vendor should include the system's capabilities for this requirement.
Question ID:	87
Date Question Asked:	2/26/2016
Question:	<p>3.2Describe how the Vendor proposes to provide the capability for direct service/in-home workers to denote the recipient's status or need for other assistance in the EVVM system and to require such notation where necessary based on program needs and rules.</p> <p>Please elaborate on the different "recipient statuses or need for assistance".</p>
Section Number:	II
RFP Page Number:	8
Medicaid Answer:	Recipient status in this section refers to the condition of the recipient upon arrival of the direct service/in home worker.
Question ID:	88
Date Question Asked:	2/26/2016
Question:	<p>Vendor's response must specify a firm and fixed fee for completion of the EVVM development, implementation, and updating/operation process. The Firm and Fixed Price of the first year of the proposed contract (implementation phase) and subsequent years (updating/ operation phase) must be separately stated in the RFP Cover Sheet on the first page of this document as well as the pricing form (Appendix C).</p> <p>Please confirm that Total Evaluated Price required on the Cover Sheet is the Total Evaluated Price from Pricing Schedule D.</p>
Section Number:	Cover Sheet and III
RFP Page Number:	13
Medicaid Answer:	Yes.

Question ID:	89
Date Question Asked:	2/26/2016
Question:	<p>Have all necessary business licenses, registrations and professional certifications at the time of the contracting to be able to do business in Alabama. Alabama law provides that a foreign corporation (a business corporation incorporated under a law other than the law of this state) may not transact business in the state of Alabama until it obtains a Certificate of Authority from the Secretary of State. To obtain forms for a Certificate of Authority, contact the Secretary of State, (334) 242-5324, www.sos.state.al.us. The Certificate of Authority or a letter/form showing application has been made for a Certificate of Authority must be submitted with the bid.</p> <p>Please confirm that the Certificate of Authority is required from the Vendor and is not required to be included for any subcontractors proposed.</p>
Section Number:	VI
RFP Page Number:	15
Medicaid Answer:	<p>Refer to Amendment I posted 3/15/2016 on the Medicaid Website.</p> <p>Alabama law provides that a foreign corporation (a business corporation incorporated under a law other than the law of this state) may not transact business in the state of Alabama until it obtains a Certificate of Authority from the Secretary of State. To obtain forms for a Certificate of Authority, contact the Secretary of State, (334) 242-5324, www.sos.state.al.us.</p>
Question ID:	90
Date Question Asked:	2/26/2016
Question:	<p>Please confirm that Vendor's must format the response according to the below outline:</p> <ul style="list-style-type: none"> • RFP Cover Sheet • Transmittal Letter • II. Scope of Work • III. Pricing/Appendix C • VI. Corporate Background and References • Signed Addenda to RFP • Required Forms
Section Number:	VII
RFP Page Number:	17
Medicaid Answer:	The requirement is defined in Section VII.M.

Question ID:	91
Date Question Asked:	2/26/2016
Question:	Appendix C, Schedule C, requires that Vendors provide a Transaction Fee. Please define “Transaction” from the State’s perspective. This may be either a single “clock-in” or “clock-out” or is a transaction defined as a complete EVV visit verification set? Or, might your definition of a transaction mean the production of a claim? Please define further.
Section Number:	Appendix C, Schedule C
RFP Page Number:	44
Medicaid Answer:	A transaction is defined as (a) any telephony call into the EVVM system or (b) the recording by the EVVM system of any of the following (i) the start of a visit, (ii) the end of a visit, (iii) the duration of a visit, (iv) a service performed during a visit, or (v) corrections to any data in the EVVM system.
Question ID:	92
Date Question Asked:	2/26/2016
Question:	Requirement 3.7 states: <i>“Describe how the Vendor proposes to limit providers’ authority to modify service information and create program rules as to how many modifications can be made by providers because they may differ based on the population or service/program.”</i> a) What are the specific rules regarding modification limitations? b) What types of service information is included in the limitation rules? c) What happens to visits that exceed the maximum limit? d) Please provide use cases for this requirement.
Section Number:	III
RFP Page Number:	7-8
Medicaid Answer:	There is no historical information. As part of the Vendor’s proposed solution, the Vendor should include the system’s capabilities for this requirement.